

TENNESSEE GENERAL ASSEMBLY
FISCAL REVIEW COMMITTEE



FISCAL NOTE

HB 577 - SB 924

February 22, 2023

SUMMARY OF BILL: Adds a new sentencing enhancement factor for the offense of aggravated assault or attempted first degree murder, if the offense was committed on the grounds or premises of a hospital.

FISCAL IMPACT:

NOT SIGNIFICANT

Assumptions:

Aggravated Assault

- Based on data obtained through the Tennessee Bureau of Investigation (TBI) Tennessee Incident Based Reporting System (TIBRS), over the last 10 years there has been an average of 32,462 incidents of aggravated assault per year. Of those 32,462 incidents, approximately 0.33 percent or 107 ($32,462 \times 0.33\%$) took place at a hospital.
- Based on information provided by the Department of Correction (DOC), there has been an average of 838.9 admissions in each of the last three years for the Class C felony offense under Tenn. Code Ann. § 39-13-102(a) for aggravated assault.
- This analysis assumes 2.77 admissions ($838.9 \times 0.33\%$) for aggravated assault occurred at a hospital.
- The average sentence for a Class C felony offense of aggravated assault is 4.74 years.
- Pursuant to Tenn. Code Ann. § 40-35-501(cc), as amended by Public Chapter 988 of 2022, a person convicted of aggravated assault resulting in serious bodily injury, death of another or involved the use or display of a deadly weapon on or after July 1, 2022 is required to serve 100 percent of the sentence imposed, provided that earned credits may reduce the sentence imposed by up to 15 percent.
- Therefore, it is assumed that a person convicted of aggravated assault under current law would serve 4.03 years ($4.74 \times 85\%$).
- This analysis assumes that offenders committing the offense of aggravated assault on the grounds or premises of a hospital would be sentenced to the highest period of confinement within Range II, or 6 years, and serve 85 percent of the sentence, or 5.1 years ($6 \times 85\%$).
- Accounting for recidivism rate, the proposed legislation will result in 1.7 admissions annually serving an additional 1.07 ($5.1 - 4.03$) years.
- Pursuant to Tenn. Code Ann. § 9-4-210, this analysis estimates the highest cost for admissions in the next three years; therefore, any additional time added by the proposed

HB 577 - SB 924

legislation resulting in sentences exceeding three years in length surpass the window of this analysis and will not significantly impact incarceration costs.

Attempted First Degree Murder

- Based on information provided by the DOC, there has been an average of 29.4 admissions in each of the last three years for the Class A felony offense under Tenn. Code Ann. § 39-13-202 for attempted first degree murder.
- This analysis assumes 0.33 percent or 0.1 (29.4 x 0.33%) took place at a hospital.
- The average sentence for the Class A felony offense of attempted first degree murder is 19.31 years.
- Pursuant to Tenn. Code Ann. § 40-35-501(bb), as amended by Public Chapter 988 of 2022, a person convicted of attempted first degree murder on or after July 1, 2022 is required to serve 100 percent of the sentence imposed.
- This analysis assumes that offenders committing the offense of attempted first degree murder on the grounds or premises of a hospital would be sentenced to the highest period of confinement within Range I, or 25 years, and serve 100 percent of the sentence.
- Accounting for recidivism rate, the proposed legislation will result in 0.06 admissions annually serving an additional 5.69 (25 – 19.31) years.
- Pursuant to Tenn. Code Ann. § 9-4-210, this analysis estimates the highest cost for admissions in the next three years; therefore, any additional time added by the proposed legislation resulting in sentences exceeding three years in length surpass the window of this analysis and will not significantly impact incarceration costs.
- Based on the Fiscal Review Committee's 2008 study and the Administrative Office of the Courts' 2012 study on collection of court costs, fees, and fines, collection in criminal cases is insignificant. The proposed legislation will not significantly change state or local revenue.
- The estimated fiscal impact of the proposed legislation does not consider the availability of beds in state and local facilities, but is based solely on the current operating costs of state facilities and the reimbursement rates for local facilities as is required by Tenn. Code Ann. § 9-4-210.
- All calculations used in completion of this fiscal note are available upon request.

CERTIFICATION:

The information contained herein is true and correct to the best of my knowledge.



Krista Lee Carsner, Executive Director

/vh